



U.S. Agency for
International
Development

Bureau for
Global Health

COUNTRY PROFILE

HIV/AIDS

INDONESIA

Indonesia stands at a crossroads in its HIV/AIDS epidemic. Like several of its Asian neighbors, Indonesia maintained a low HIV prevalence through the late 1990s. Almost overnight, the situation began to change. During the past few years, massive economic and political disruption has produced dramatic changes in Indonesia's national-risk environment. The country is currently experiencing new, rapidly developing subepidemics of HIV in several provinces and communities, and now perceives HIV/AIDS to be a serious threat to the country's national development and prosperity.

Estimated Number of Adults and Children Living with HIV/AIDS (Sept. 2002)	130,000
Total Population (2001)	214,840,000
Adult HIV Prevalence (end 2001)	0.1%
HIV-1 Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients seeking care for a sexually transmitted infection, or others with known risk factors)	0.2%
Population not at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	0.0%

Sources: Indonesia's Ministry of Health, UNAIDS, U.S. Census Bureau

In September 2002, the Ministry of Health convened a national HIV/AIDS estimation workshop with wide participation by government, nongovernmental organization, academic, and community sectors. The United States Agency for International Development (USAID), the World Health Organization, and The Joint United Nations Programme on HIV/AIDS (UNAIDS) offered technical assistance. At the workshop, new national estimates were developed, which range from 90,000 to 130,000 HIV/AIDS cases as of 2002.

Using UNAIDS guidelines, Indonesia's HIV/AIDS classification has progressed from a low-level to a concentrated epidemic as a result of the recent dramatic rises in HIV prevalence among at-risk populations. Only five years ago, HIV prevalence was estimated to be less than 1 percent in traditional at-risk populations, including commercial sex workers, men who have sex with men, and injecting drug users. With each new surveillance cycle, more provinces are showing infection rates in these groups. HIV prevalence among injecting drug users increased from less than 2 percent in 1988 to 44 percent in Jakarta in 2000 and 48 percent in 2002. Results from West Java show similar trends, from 24 percent in

2000 to 45 percent in 2002. In Bali, HIV infection rates for injecting drug users reached 53 percent in early 2001.

Among female sex workers, 2001 HIV prevalence rates range from 8 percent in Tanjung Pinang in Riau Province to 26.5 percent in Merauke, Papua. HIV prevalence data for men who have sex with men is limited. A 2000 study of



Map of Indonesia: PCL Map Collection, University of Texas

1300 Pennsylvania
Avenue NW
Washington, DC
20523-3600

www.usaid.gov

transvestites (*waria*) on Batam Island (Riau Province) reports a 6.38 percent HIV prevalence rate, and a 2002 study for urban Jakarta reports a significant increase in HIV prevalence from more than 6 percent to 22.7 percent of *waria*.

Low levels of condom use and high rates of sexually transmitted infections among at-risk populations suggest the potential for the epidemic to spread rapidly. In Jakarta, rates of sexually transmitted infections among female sex workers increased from 23 percent in 1996 to 53 percent in 2000. Syphilis prevalence among *waria* in Jakarta is estimated to be 62 percent in 2002, up from 35 percent in 1995.

Indonesia's new HIV prevalence data are even more troubling when viewed in the context of contributing risk factors. In addition to low levels of condom use and high rates of sexually transmitted infections among at-risk populations, key risk factors include:

- A vast unreported sex industry (formal and informal, female and male);
- Limited sexually transmitted infection clinic and laboratory services;
- A highly mobile population;
- An expanding epidemic among injecting drug users;
- The aftermath of a major economic crisis (including women in search of survival or economic opportunities, and increasing numbers of children living and working on the streets); and
- Recent government decentralization with a changing, but not yet clearly defined, division of health care responsibilities among the central, provincial, and district governments.

NATIONAL RESPONSE

In 1987, upon the detection of the first HIV/AIDS cases in Indonesia, the Government of Indonesia established a National AIDS Control Commission and began HIV surveillance activities. Soon thereafter, the Ministry of Health initiated activities in several provinces believed to be at greatest risk for spreading infection. In May 1994, Presidential Decree No. 36 established an International AIDS Prevention and Control Commission under the direction of the Coordinating Minister for People's Welfare. The Government of Indonesia also established a technical working group, composed of key Indonesian leaders, to advise the Minister of Health and provide support to the Commission. Other ministries have also established committees to take responsibility for HIV/AIDS policy and programming in their sectors.

Indonesia's first national HIV/AIDS strategy emphasizes:

- Working with local communities to develop HIV prevention and control efforts;
- Incorporating Indonesian religious and cultural values in HIV/AIDS programs and approaches;
- Using education and public information as key elements for HIV prevention;
- Providing proper counseling and testing for HIV, and guaranteeing confidentiality for persons living with HIV/AIDS; and
- Respecting human rights of people directly or indirectly affected by HIV/AIDS.

Following the signing of the Indonesian Government's Declaration of Commitment at the 2001 United Nations General Assembly Special Session on AIDS, the Ministry of Health established a committee to review and update the national strategy. In early 2002, the Ministry of Health developed an AIDS strategy document key to Indonesia's initial proposal submission to the Global Fund to Fight AIDS, Tuberculosis, and Malaria. In April, a Steering Committee was identified and, by July 2002, the National AIDS Strategy development process began. Finalization of Indonesia's second national AIDS strategy is expected in 2003.

On January 1, 2001, Indonesia embarked on a major decentralization program. Many national government service responsibilities, such as procurement, have been transferred to provincial or district governments (mostly district). Communicable diseases, including HIV/AIDS and tuberculosis, are now district government responsibilities, but the Minister of Health's Communicable Disease Control program includes support for strategic planning, resource mobilization, and provision of essential logistics (e.g., some drugs, vaccines, and equipment). Transfer of authority to the district implies decisions on planning and resource allocation will be made at the local level. This constitutes a risk for programs strongly influenced by issues that need to be addressed beyond the district boundary. Decentralization also presents significant opportunities to encourage effective local planning and management of HIV/AIDS activities.

USAID SUPPORT

To address growing HIV/AIDS prevalence in Indonesia, USAID allocated \$8.3 million to HIV/AIDS activities in FY 2002, a significant increase from \$4 million in FY 2001. USAID's activities focus on preventing HIV/AIDS among populations at high risk of infection; improving service delivery; promoting behavior change to prevent HIV and sexually transmitted infection transmission; and strengthening national and local HIV/STI surveillance systems. In concert with the Government of Indonesia's national prevention strategy for HIV and other sexually transmitted infections, the overarching goal is to keep HIV prevalence low in at-risk populations, thereby preventing the spread of HIV throughout the Indonesian archipelago.

USAID's HIV/AIDS Prevention Project (HAPP) ended in September 2000. Key project achievements included: development of behavioral surveillance systems; testing of prevention strategies and innovative outreach education initiatives to at-risk populations; new condom marketing strategies; and increased participation by governmental officials in planning for activities to prevent HIV/AIDS and other sexually transmitted infections.

In 2000, USAID adopted a new five-year (2000–2004) country strategy entitled "Transition to a Prospering and Democratic Indonesia." The five-year strategy focuses on supporting reform to broaden the economic transition in Indonesia and to strengthen the capacity of key institutions to meet the priority needs of the Indonesian people. As part of the new strategy, USAID/Indonesia continues to emphasize protection of the health of women and children, including the prevention HIV/AIDS and other infectious diseases.

USAID-supported programs include the following:

Capacity building

In partnership with local governments and community and private organizations, USAID assists with the planning, management, and financing of appropriate HIV and sexually transmitted infection responses at the local level.

Prevention

The Mission strives to strengthen the quality, accessibility, and use of prevention and control services for individuals at risk for STI/HIV/AIDS. In August 2000, USAID/Indonesia initiated a three-year, \$13.9 million STI/HIV/AIDS Prevention Support Program in collaboration with the Ministry of Health, provincial and district governments, and local organizations. Known locally as "ASA" or "Aksi Stop AIDS," the program supports intensive prevention interventions among female sex workers, men who have sex with men, injecting drug users, and sex worker-client bridge populations.

To maximize the use of limited resources available for HIV/AIDS in Indonesia, the Aksi Stop AIDS program works in 10 geographic sites where high densities of the specified at-risk populations are present, or where epidemiological and behavioral evidence suggests an escalating epidemic. These most-at-risk areas include: Papua, Metropolitan Jakarta, East Java (Surabaya/Malang), North Sulawesi (Manado/Bitung), Riau (Pekan Baru and the Riau Islands), West Java (Bandung), North Sumatra (Medan), Central Java (Semarang), South Sumatra (Palembang), North Sumatra (Medan), and Maluku (Ambon).

Monitoring and evaluation

USAID/Indonesia works to enhance the capacity and quality of the country's HIV/STI surveillance systems, including second-generation surveillance, and the use of surveillance in decision-making. In addition, the Aksi Stop AIDS program works with local governments and community and private organizations to strengthen Indonesia's surveillance systems.

For more information:

USAID/Indonesia
American Embassy
Jalan Medan Merdeka Selatan 3-5
Jakarta 10100, Indonesia
Tel: (62-12) 3435-9000
Fax: (62-12) 380-6694
Website: www.usaid.gov/id

USAID HIV/AIDS Web site, Indonesia:
http://www.usaid.gov/pop_health/aids/countries/ane/indonesia.html

*Prepared for USAID by TvT Global Health and Development Strategies /Social & Scientific Systems, Inc.,
under The Synergy Project*

For more information, see www.usaid.gov/pop/aids or www.synergyaids.com.

February 2003

